

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 09/668801 | | FILING DATE | |
|--|------|------------------------|------------|------------------------|------|--------------------------------|--|-------------|--|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
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| 7 | 1 | | | | | | | | |
| 8 | 1 | | | | | | | | |
| 9 | 1 | | | | | | | | |
| 10 | 1 | | | | | | | | |
| 11 | 1 | | | | | | | | |
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| 13 | 1 | | | | | | | | |
| 14 | 1 | | | | | | | | |
| 15 | 1 | * | | | | | | | |
| 16 | 1 | | | | | | | | |
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| TOTAL IND. | 3 | | | | | | | | |
| TOTAL DEP. | 17 | ↓ | ↓ | ↓ | | | | | |
| TOTAL CLAIMS | 20 | ██████████ | ██████████ | ██████████ | | | | | |